

**THIS DECISION HAS BEEN APPEALED. THE FOLLOWING  
IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-05-1131.M5**

**MDR Tracking Number: M5-04-3559-01**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 6-21-04.

In accordance with Rule 133.308 (e), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The Commission received the medical dispute resolution request on 6-21-04, therefore the following date(s) of service are not timely and are not eligible for this review: 10-14-02 through 9-02-03.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the mechanical traction, manual therapy, therapeutic activities, neuromuscular reeducation, training in daily living activities, and office visits from 6-23-03 through 9-30-03 were not medically necessary.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 13<sup>th</sup> day of September 2004.

Donna Auby  
Medical Dispute Resolution Officer  
Medical Review Division

DA/da

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**NOTICE OF INDEPENDENT REVIEW DECISION**

August 23, 2004

**Re: IRO Case # M5-04-3559**, amended 5/27/04, 9/10/04

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal. The case was reviewed by a Doctor of Chiropractic, who is licensed by the State of Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed service
2. Explanation of benefits
3. D.C. daily treatment notes

4. D.C. examination reports
5. MRI report 1/10/03, 3/4/03
6. Reports 7/28/03, 6/19/03, 2/13/03, 3/31/03

#### History

The patient injured his upper back in \_\_\_\_ when he lifted a wrench over his head. He initially saw his family M.D. for medication. He then saw the treating D.C. for chiropractic treatment. He has been treated with physical therapy, manipulation, therapeutic exercises and neuromuscular reeducation.

#### Requested Service(s)

Mechanical traction manual therapy, therapeutic activities, neuromuscular reeducation, training in daily living activities, office visit 6/23/03 – 9/2/03

#### Decision

I agree with the carrier's decision to deny the requested services.

#### Rationale

The patient had an excessive amount of chiropractic treatment from the treating D.C. prior to the dates in dispute. He received around 86 treatments of various modalities and therapeutic exercises from 10/14/02 – 6/20/03, and 14 such treatments during the disputed period. MRIs and electrodiagnostic studies were basically normal. Therefore, treatment was provided for a diagnosed thoracic strain, which should have resolved within 6-8 weeks after treatment was initiated.

The documentation provided for review lacks objective, quantifiable findings to support treatment after the first two months. Around 100 visits for a thoracic strain is excessive and encourages doctor dependency. The treatment failed to be beneficial past the first two months, failing to provide relief of symptoms or improved function.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.